



Carefully cut along the dotted line and fax back this form to 01923 289 888 to apply for your credit account today!

CREDIT ACCOUNT FORM

Credit Account Application Form			
Trading Title			
Address (in full)			
Full names of:	First	Second (If Applicable)	
(Proprietors)			
(Partners)			
(Directors)			
Limited Company	Partnership	Sole Trader	
Type of Business:		Date Established	
Monthly Credit Required:			
Company Registration No.:		VAT Registration No.:	
Business Tel No.:		Business Fax No.:	
e-mail:		Website:	
Bank Name		Branch:	
Sort Code:		Account No.:	
Trade Reference (1)		Trade Reference (2)	
Company		Company	
Address		Address	
Contact		Contact	
Tel No.		Tel No.	

I/We wish to open a credit account with your company and understand that your payment terms are 30 days nett from date of Invoice. We acknowledge that all goods supplied remain the property of Park Electrical Services until paid for by cleared funds. We also give permission for the above references to be approached in confidentiality.

I/We hereby agree to your standard conditions of sale (copy available on request). Please submit a copy of your letterheaded paper with this application).

Name..... Position in Company.....

Signed..... Date.....